



Early Childhood Evaluation Advisory Subcommittee Meeting

January 8, 2024

3:30-4:30 p.m.

1700 S. El Camino Real
Miller Ream Room, 1st Floor
San Mateo, CA 94402

Participate via Zoom

Invite Link <https://smcgov.zoom.us/j/96567482022?pwd=ZzhaNjdqWS8vNUg2RnYvY0tKMzE5QT09>

Meeting ID: 965 6748 2022

Passcode: 571458

*****HYBRID MEETING - IN-PERSON AND BY VIDEOCONFERENCE*****

This meeting of the Early Childhood Evaluation Advisory Subcommittee will be held in the Miller Ream Room on the first floor at 1700 S. El Camino Real, San Mateo, CA 94402. Members of the public will be able to participate in the meeting remotely via the Zoom platform or in person in the Miller Ream room. For information regarding how to participate in the meeting, either in person or remotely, please refer to the instructions at the end of the agenda.

Committee Members/F5SMC Commissioners: Louise Rogers (Chair), Naveen Mahmood

Grantee Representatives: Heather Cleary, Peninsula Family Service; Carol Elliott, AbilityPath

EVALCORP Representatives: Kristen Donovan, Sally Lee, Devan Petersen

Staff: Kitty Lopez, Michelle Blakely, Jenifer Clark

Minutes: Jenifer Clark

AGENDA

	Item	Presenter
1.	Agenda Review & Announcements	Clark/All
2.	Elect Early Childhood Evaluation Advisory Committee Chair	All
3.	Approval of the Minutes of the May 15, 2023 Meeting of the Early Childhood Evaluation Advisory Committee (Attachment 3)	Rogers
4.	Discussion: Social Network Analysis of F5SMC Grantee and Partner Organizations	EVALCORP/ Clark
5.	Discussion: Client-Level Data Collection (Attachments 5A and 5B)	EVALCORP/ Clark
6.	Next Steps	Rogers/All
7.	Adjourn	Rogers
Next Meeting Date(s): March 18, 2024 May 13, 2024		

Public Participation:

The 1/8/2024 Early Childhood Evaluation Advisory Subcommittee meeting may be accessed through Zoom online at the Zoom link at the top of this agenda. The 1/8/2024 Early Childhood Evaluation Advisory Subcommittee meeting may also be accessed via telephone by dialing 1 669 900 6833 US. Enter the meeting ID: 975 7768 2498 then press #. (Find your local number: <https://smcgov.zoom.us/j/97577682498>). Members of the public can also attend this meeting physically in the Miller Ream Room.

*Written public comments may be emailed to jdclark@smcgov.org, and such written comments should indicate the specific agenda item on which you are commenting.

*Spoken public comments will be accepted during the meeting in person or remotely through Zoom at the option of the speaker. Public comments via Zoom will be taken first, followed by speakers in person.

***Please see instructions for written and spoken public comments at the end of this agenda.**

***Instructions for Public Comment During Hybrid Meetings**

During hybrid meetings of the Early Childhood Evaluation Advisory Subcommittee, members of the public may address the Members of the Subcommittee as follows:

***Written Comments:**

Written public comments may be emailed in advance of the meeting. Please read the following instructions carefully:

1. Your written comment should be emailed to jdclark@smcgov.org.
2. Your email should include the specific agenda item on which you are commenting, or note that your comment concerns an item that is not on the agenda or is on the consent agenda.
3. Members of the public are limited to one comment per agenda item.
4. The length of the emailed comment should be commensurate with the two minutes customarily allowed for verbal comments, which is approximately 250-300 words.
5. If your emailed comment is received by 5:00 p.m. on the day before the meeting, it will be provided to the Members of the Early Childhood Evaluation Advisory Subcommittee and made publicly available on the agenda website under the specific item to which your comment pertains. If emailed comments are received after 5:00p.m. on the day before the meeting, the Research & Evaluation Specialist will make every effort to either (i) provide such emailed comments to the Subcommittee and make such emails publicly available on the agenda website prior to the meeting, or (ii) read such emails during the meeting. Whether such emailed comments are forwarded and posted, or are read during the meeting, they will still be included in the administrative record.

***Spoken Comments**

In person Participation:

1. If you wish to speak to the Early Childhood Evaluation Advisory Subcommittee, please raise your hand during the Public Comment portion of the meeting (for items not on the agenda) or during the discussion of the agenda item you wish to comment on. If you have anything that you wish distributed to the Subcommittee and included in the official record, please hand it to the Research & Evaluation Specialists who will distribute the information to the Subcommittee members and staff.

Via Teleconference (Zoom):

1. The 1/8/2024 Early Childhood Evaluation Advisory Subcommittee meeting may be accessed through Zoom online at the links and telephone numbers listed above.
2. You may download the Zoom client or connect to the meeting using an internet browser. If using your browser, make sure you are using a current, up-to-date browser: Chrome 30+, Firefox 27+, Microsoft Edge 12+, Safari 7+. Certain functionality may be disabled in older browsers including Internet Explorer.
3. You will be asked to enter an email address and name. We request that you identify yourself by name as this will be visible online and will be used to notify you that it is your turn to speak.
4. When the Early Childhood Evaluation Subcommittee Chair calls for the item on which you wish to speak, click on "raise hand." Speakers will be notified shortly before they are called to speak.

***Additional Information:**

For any questions or concerns regarding Zoom, including troubleshooting, privacy, or security settings, please contact Zoom directly.

Public records that relate to any item on the open session agenda for a regular Early Childhood Evaluation Advisory Subcommittee meeting are available for public inspection. Those records that are distributed less than 72 hours prior to the meeting are available for public inspection at the same time they are distributed to all members, or a majority of the members of the Early Childhood Evaluation Advisory Subcommittee.

FIRST 5 SAN MATEO COUNTY

Early Childhood Evaluation Advisory Subcommittee

Meeting Minutes

May 15, 2023

Commissioners Present:	Noelia Corzo, Louise Rogers (Chair)
Commissioners Absent:	Naveen Mahnood
Grantee Representatives Present:	Carol Elliott, AbilityPath (via Zoom); Heather Cleary, Peninsula Family Service
EVALCORP Representatives:	Kristen Donovan, Devan Petersen, Sally Lee, Sarah Stevens
F5SMC Staff:	Jenifer Clark, Kitty Lopez

1. Agenda Review & Announcements

The agenda was approved with no changes.

2. Approval of the minutes of the March 20, 2023 Early Childhood Evaluation Advisory Subcommittee

Minutes were approved with no changes.

3. Discussion: Friday C.A.F.É. Participant Focus Group Results

Sally Lee and her colleagues from EVALCORP presented the results of the Friday C.A.F.É. participant focus group results. Six focus groups were held, with a total of 16 participants across all groups. Participants reported that Friday CAFÉs have positive impacts in each of the four main program goal areas:

- Build connections through networking and peer support
- Spark innovative thinking to expand knowledge and practice in authentic connections with families
- Establish a professional identity for the family engagement field
- Facilitate a restorative experience to sustain and inspire family engagement practitioners

Focus group participants shared that Friday CAFÉs support their mental health by encouraging self-care and providing a space for restoration and social support. They also reported that the program improves their ability to provide high-quality services to children and families by educating participants about resources and strategies, as well as by learning from diverse perspectives. The most commonly reported barriers to participation were scheduling conflicts and needing to take time away from other work priorities.

When asked how the program could increase participation, focus group participants suggested increased outreach to educate family engagement practitioners about the opportunity to attend Friday CAFÉs and the value that the program provides. They also suggested offering CAFÉs in-person at least a couple of times per year and having interpretation services available.

Subcommittee members felt that virtual meeting technology has made it much more feasible to offer simultaneous interpretation, and suggested that this be explored going forward.

4. **Discussion: EVALCORP Scope of Work and Budget for FY 2023-24:**

The group reviewed the draft EVALCORP scope of work and budget for the upcoming fiscal year, and provided feedback on some of the proposed activities; in particular, the subcommittee was interested in having EVALCORP develop several small data products tailored to a variety of audiences rather than focus on a single public-facing “Annual Report”. F5SMC and EVALCORP will incorporate this feedback into the final Scope of Work, which will be brought to the June Commission meeting for review and approval.

5. **Next Steps**

Jenifer Clark and the EVALCORP team will revise the Scope of Work for the new contract.

The next meeting of the Early Childhood Evaluation Advisory Committee is scheduled to be held in person on July 17, 2023 from 3:30-4:30pm.

F5SMC Evaluation Survey – Direct, Intensive Services

Survey Completion Method:

- Client completed (I received a service and am completing the form myself)
- Provider completed (provider interviewed and/or filled out for a client)

Thank you for taking this important survey. Your responses are extremely valuable and will be used to improve services for families across San Mateo County. The information you share **WILL NOT** affect your ability to receive services at this agency now or in the future. The information will only be viewed by evaluation staff at First 5 San Mateo County and EVALCORP; it will not be shared with any programs or providers. Reports will not include private information. You can skip any question you do not want to answer and still receive services.

For the following questions, please provide responses based on your experiences and observations of your **child who is between the ages of 0-5**. If you have **more than one child who is between the ages of 0-5**, please provide responses based on your experiences and observations of your **child who has the next birthday**. Please answer honestly based on your personal experiences.

Agency Name (drop down list)
Program Name (drop down list)

1. How many times last year did your child see a doctor for a “well-child” check-up? (A “well-child” check-up is a general check-up when your child is NOT sick or hurt.)

- 0 times
- 1 time
- 2 times
- 3 times
- 4 times
- Don't know
- Decline to answer

2. When did your child last see a dentist for a routine check-up?

- Less than a year ago
- 1 to 2 years ago
- 2 or more years ago
- Not applicable (child less than 1 year of age)
- Never
- Don't Know
- Decline to Answer

3. Has a doctor, teacher, or other professional ever expressed concern about your child’s behavior or developmental progress?

- Yes
- No
- Don't know, declined

4. Please only answer this question if your child is between ages 3-5: Has your child ever gone to preschool regularly (at least two times per week for at least six months)? Preschool could be Head Start, preschool, a childcare center, or a family childcare program.

- Yes
- We recently enrolled (less than 6 months ago)
- Not yet; we are on a waitlist
- No; I am not interested at this time

No; I am trying to find one

Not applicable (too young; child under 3)

5. Have you had trouble getting any of the following services that your child and family need in the last six months?

<input type="checkbox"/>	Basic Needs (e.g., food assistance, clothing assistance, utility bill assistance, emergency financial assistance)
<input type="checkbox"/>	Employment (e.g., job placement, career counseling, resume writing, job training)
<input type="checkbox"/>	Legal (e.g., legal consultation, legal aid, family law services)
<input type="checkbox"/>	Health Insurance (private insurance, employer-provided, Covered California, MediCal, Medicare)
<input type="checkbox"/>	Transportation (e.g., public transportation, ride-sharing, taxis, car rentals, personal car)
<input type="checkbox"/>	Mental Health for yourself or another adult in your household (e.g., therapy, counseling, support groups)
<input type="checkbox"/>	Developmental, Behavioral, and/or mental health services for your child(ren) (e.g., speech & language therapy, ABA (applied behavior analysis), parent-child support groups, play therapy)
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Does not apply: My family has all the services we need

Please answer how often the statement provided is true for you and your family within the past month.

	Almost always	Most of the time	Some-times	Hardly Ever	Never
6. I have enough food to feed my family.					
7. I am worried about our housing.					
8. I feel like I need help with my mental health; sadness, anxiety or other problems.					
9. I feel concerned about my child's behavior or development.					
10. Someone in my life makes me feel threatened or unsafe.					
11. I worry that someone in my close family (including myself) has a drug or alcohol problem.					
12. I have friends and family to turn to for support.					
13. I feel confident in my ability to nurture and support the development of my child.					

14. In a usual week, how often does your family do these things with your child? (Mark one only for each row.)

	Not at All	1 to 2 Days	3 to 4 Days	5 to 6 Days	Every Day	Don't Know
a) Read stories or look at picture books?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Play music or sing songs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Count things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Demographic Information

15. What language would you prefer to receive services in?

- English
- Spanish
- Mixteco
- Mandarin
- Cantonese
- Tagalog- including Filipino
- Vietnamese
- Korean
- Other: _____
- Prefer not to answer

16. What best describes your race/ethnicity? [select all that apply]

- Asian or Asian American
- Native Hawaiian/ Pacific Islander
- Hispanic/Latino
- Black or African American
- White
- Middle Eastern or North African
- Native American or Alaska Native
- Other: _____
- Prefer not to answer

17. What is the highest grade or year of school that you have completed?

- Less than 9th grade
- Some high school
- High school diploma or equivalent
- Some college
- Two-year degree
- Four-year Bachelor or equivalent degree
- Some graduate school
- Masters degree
- Ph.D., J.D., M.D. or equivalent

18. What is your child's date of birth? [please answer MM/DD/YYYY] _____

19. What is the zip code where your family currently lives? _____

20. What is the language that you prefer your child to receive services in?

- English
- Spanish
- Mixteco
- Mandarin
- Cantonese
- Tagalog- including Filipino
- Vietnamese
- Korean
- Other: _____
- Prefer not to answer

21. What best describes your child's race/ethnicity? [select all that apply]

- | | | |
|---|--|---|
| <input type="checkbox"/> Asian or Asian American | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native American or Alaska Native |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> White | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Middle Eastern or North African | <input type="checkbox"/> Prefer not to answer |

22. What is closest to your family's total income last year?

- | | | |
|--|--|---|
| <input type="checkbox"/> \$0 - \$24,999 | <input type="checkbox"/> \$75,000 - \$99,999 | <input type="checkbox"/> More than \$150,000 |
| <input type="checkbox"/> \$25,000 - \$49,999 | <input type="checkbox"/> \$100,000 - \$124,999 | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> \$50,000 - \$74,999 | <input type="checkbox"/> \$125,000 - \$149,999 | <input type="checkbox"/> Prefer not to answer |

23. How many family members live with you? (including yourself): ____

24. Number of children age 0-5: ____

25. Number of children age 6-18: ____

26. Number of adults : ____

F5SMC Evaluation Survey – Light Touch Services

Survey Completion Method:

- Client completed (I received a service and am completing the form myself)
- Provider completed (provider interviewed and/or filled out for a client)

Thank you for taking this important survey. Your responses are extremely valuable and will be used to improve services for families across San Mateo County. The information you share **WILL NOT** affect your ability to receive services at this agency now or in the future. The information will only be viewed by evaluation staff at EVALCORP; it will not be shared with any programs or providers. Reports will not include private information. You can skip any question you do not want to answer and still receive services.

Please answer honestly based on your personal experiences.

Please answer how often the statement provided is true for you and your family within the past month.

	Almost always	Most of the time	Some-times	Hardly Ever	Never
1. I have enough food to feed my family.					
2. I am worried about our housing.					
3. I feel like I need help with my mental health; sadness, anxiety or other problems.					
4. I feel concerned about my child's behavior or development.					
5. Someone in my life makes me feel threatened or unsafe.					
6. I worry that someone in my close family (including myself) has a drug or alcohol problem.					
7. I have friends and family to turn to for support.					
8. I feel confident in my ability to nurture and support the development of my child.					

Please read the statement and pick the answer that best fits your family (select one response):

- 9. I have childcare and/or preschool for my children.
 - We have all the childcare and/or preschool that our family wants.
 - We have some childcare and/or preschool, but it's not enough.
 - We do not have any of the childcare and/or preschool that we want.

10. My children have a doctor that they visit at least once a year.
- Agree; my children have a doctor that they visit at least once a year.
 - My children have a doctor, but we do not visit at least once a year.
 - My children do not have a doctor.

11. My children have a dentist that they visit at least once a year.
- Agree; my children have a dentist that they visit at least once a year.
 - My children have a dentist, but do not visit at least once a year.
 - My children do not have a dentist.

12. In a usual week, how often does your family do these things with your child? (Mark one only for each row.)

	Not at All	1 to 2 Days	3 to 4 Days	5 to 6 Days	Every Day	Don't Know
a) Read stories or look at picture books?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Demographic Information

13. What language would you prefer to receive services in?

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| <input type="checkbox"/> English | <input type="checkbox"/> Cantonese | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Tagalog- including Filipino | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mixteco | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Mandarin | | |

14. What best describes your race/ethnicity? [select all that apply]

- | | | |
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20. What is closest to your family's total income last year?

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| <input type="checkbox"/> \$50,000 - \$74,999 | <input type="checkbox"/> \$125,000 - \$149,999 | <input type="checkbox"/> Prefer not to answer |

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24. Number of adults : ____